

2025 Kaiser Permanente Postal Service Health Benefits

PSHB Drug Formulary



Maryland, Virginia, and
District of Columbia Region

Member Services

Monday through Friday, 8 a.m. to 5 p.m.

1-877-KP4-FEDS (1-877-574-3337)

711 TTY

2025 Kaiser Permanente Postal Service Health Benefits (PSHB) Drug Formulary

Mid-Atlantic States Region

This document contains information about the drugs we cover when you participate in the Postal Service Health Benefits (PSHB) plan offered by Kaiser Permanente – Mid-Atlantic States (Plan). This PSHB Drug Formulary contains some of the features of Kaiser Permanente’s PSHB plan. Please read the Plan's Postal Service brochure (RI 73-927). All benefits are subject to the definitions, limitations, and exclusions set forth in the Postal Service brochure.

This formulary is effective **January 1, 2025**. Benefits described in this formulary are effective January 1 – December 31, 2025.

What is the Kaiser Permanente PSHB Drug Formulary?

A formulary is a list of drugs determined to be safe and effective for our members by our Pharmacy and Therapeutics Committee. Use of formulary drugs enables Kaiser Permanente to provide high quality care to you and your family at reasonable costs. Kaiser Permanente continually updates the formulary throughout the year based on new medical evidence, considering the recommendations of appropriate physician experts.

How much will I pay for covered drugs?

The cost-sharing you will pay for most drugs depends on:

- The tier in which your drug is categorized, including whether your drug is included in our formulary. Preferred drugs are included in our formulary. Non-preferred drugs are not included in our formulary.
- Where you get the drug.

Below is the copayment you pay for up to a 30-day supply of prescription drugs at a Plan medical center pharmacy, affiliated network pharmacy or through mail order. You pay only two copayments for up to a 90-day supply for most drugs dispensed through our mail order program.

Drug Tier	Type		High Option	Standard Option	Prosper Option
Tier 1	Generic drugs	Plan medical center pharmacy	\$7	\$10	\$10
		Affiliated network pharmacy	\$17	\$20	\$20
		Mail order program	\$5	\$8	\$8
Tier 2	Preferred brand-name drugs	Plan medical center pharmacy	\$30	\$40	\$45
		Affiliated network pharmacy	\$50	\$60	\$65
		Mail order program	\$28	\$38	\$43
Tier 3	Non-preferred brand-name drugs	Plan medical center pharmacy	\$45	\$60	\$65
		Affiliated network pharmacy	\$65	\$80	\$85
		Mail order program	\$43	\$58	\$63
Tier 4	Specialty drugs	Plan medical center pharmacy	\$100	\$150	\$200
		Affiliated network pharmacy	\$150	\$200	\$250
		Mail order program	\$100	\$150	\$200

You pay 50% of our allowed amount for fertility and sexual dysfunction drugs. Some drugs may be covered at no cost sharing, such as tobacco cessation medications, women’s contraceptive drugs and devices and drugs required by ACA. Specific coverage information, including limitations and exclusions, is described in your PSHB brochure (RI 73-047), see Section 5(f) Prescription drug benefits. To get a copy of your PSHB brochure or if you have questions, please visit our website at kp.org/feds or call Member Services at 1- 877-KP4-FEDS (1-877-574-3337) (TTY 711), Monday through Friday, 8 a.m. to 5 p.m.

We use the following tiers to determine your cost-sharing:

- Tier 1 – Includes most generic drugs. Generic drugs are produced and sold under their generic names after the patent on the brand-name drug expires. Although the price is usually lower, the quality of generic drugs is the same as brand- name drugs. Generic drugs are also just as effective as brand-name drugs. The U.S. Food and Drug Administration (FDA) requires that a generic drug contain the same active drug ingredient in the same amount as the brand-name drug.
- Tier 2 – Includes preferred brand-name drugs. Brand-name drugs are produced and sold under the original manufacturer's brand name. Preferred brand-name drugs are listed on our drug formulary.
- Tier 3 - Non-preferred drugs are not listed on our drug formulary and are not covered unless approved through the exception process.
- Tier 4 - Specialty drugs are high-cost drugs that are on our specialty drug list. Kaiser Permanente adopts the model used by most Medicare plans to determine which drugs are in the specialty tier.

What drugs are eligible to be mailed from the mail order pharmacy?

Most drugs can be mailed from our mail order pharmacy. Some drugs may not be eligible for mailing (for example, drugs that are extremely high cost, require special handling or requested to be mailed outside the states of Maryland and Virginia, and the District of Columbia). We provide up to a 90-day supply for maintenance medications when dispensed through our mail order program for two copayments.

How do I use the PSHB Drug Formulary?

Our formulary drugs are listed in this formulary by medical condition and alphabetically. We consider drugs not listed on our formulary to be “non-preferred drugs”. You pay higher cost-sharing for non-formulary drugs that are medically necessary.

Formulary Drugs by Medical Condition

The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical condition that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know the medical condition your drug is used for, simply look for the category name in the list. Then look under the category name for your drug.

Formulary Drugs by Alphabetical Listing

If you are not sure what category to look under, the Index starting on page 21, provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to find the drug name and the page number where you can locate coverage information. Turn to the page listed in the Index and find the name of the drug on the list. If you are using a computer to view this document, you also use the search function (Ctrl F) to find the medication by name.

Columns on Medical Condition and Alphabetical Listings

There are three columns in the attached chart.

- The first column lists the drug name. Brand-name drugs are capitalized (e.g., ALBENZA) and generic drugs are listed in lower-case italics (e.g., *amoxicillin*). Some drugs include different dosage forms and strengths. All dosage forms and strengths for a particular drug listed may not be on the Formulary. Some drugs have multiple dosage forms. In such cases, some dosages may be on the Formulary and others not. Some of these drugs may be available only in a clinic setting.
- The second column indicates drug tier. Some drugs may have more than one tier listed in this column. This means that the amount you pay may vary based on the dosage or the way the drug is administered. You will find cost-sharing for your drug in your PSHB brochure. To get a copy of your PSHB brochure or if you have questions, please visit our website at kp.org/feds or call Member Services at 1-877-KP4-FEDS (1-877- 574-3337) (TTY 711), Monday through Friday, 8 a.m. to 5 p.m.
- The third column indicates additional requirements or limits on coverage. These requirements and limits may include:

PA = Prior Authorization. You need to get approval from Kaiser Permanente to fill your prescription. If you don't get approval, we may not cover the drug.

QL = Quantity Limit. For certain drugs, we may limit the amount of the drug you can receive. Additionally, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed.

LD = Limited distribution. Some drugs may be subject to limited distribution or restricted access. A drug that is a limited distribution drug may only be available at one or a limited number of pharmacies.

OC = Oral Chemotherapy Drugs

MB = Medical Benefit

ST = Step Therapy. Your prescribing physician should prescribe a first-line medication appropriate for your condition. If your prescribing physician determines that a first-line drug is not appropriate or effective for you, a second-line medication may be covered after meeting certain conditions.

Does the PSHB Drug Formulary ever change?

Yes, Kaiser Permanente continually updates the formulary based on new medical evidence, considering the recommendations of appropriate physician experts and notifies our doctors, pharmacists, and other clinicians about any changes. If a change in the formulary affects any of your prescriptions, your doctor or pharmacist will let you know.

Our online formulary at kp.org/formulary is updated on a regular basis. To get updated information about the drugs covered by Kaiser Permanente or if you have questions, please visit our website at kp.org/feds or call Member Services at 1-877-KP4-FEDS (1-877-574-3337) (TTY 711), Monday through Friday, 8 a.m. to 5 p.m.

Formulary Drugs by Medical Condition

Name of drug	Drug Tier	Requirements / Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole</i>	1	
ANTIBACTERIALS		
<i>amikacin sulfate</i>	1	MB
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin & sulbactam sodium</i>	1	MB
<i>ampicillin sodium</i>	1	MB
AVELOX	2	MB
<i>azithromycin</i>	1	MB
<i>aztreonam</i>	1	MB
<i>bacitracin</i>	1	MB
BICILLIN L-A	2	MB
<i>cefaclor</i>	1	
<i>cefazolin sodium</i>	1	MB
CEFAZOLIN SODIUM-DEXTROSE	1	MB
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	MB
CEFEPIME-DEXTROSE	2	MB
<i>cefixime</i>	1	
<i>cefotaxime sodium</i>	1, 2	MB
<i>cefoxitin sodium</i>	1	MB
<i>ceftazidime</i>	1	MB
CEFTAZIDIME AND DEXTROSE	2	MB
<i>ceftriaxone sodium</i>	1	MB
CEFTRIAZONE SODIUM IN DEXTROSE	1	MB
CEFTRIAZONE SODIUM-DEXTROSE	2	MB
<i>cefuroxime axetil</i>	1, 2	
<i>cefuroxime sodium</i>	1	MB
<i>cephalexin</i>	1	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin in d5w</i>	1	MB
<i>clarithromycin</i>	1	
<i>clindamycin hcl</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate</i>	1	MB
<i>clindamycin phosphate in d5w</i>	1	MB
<i>colistimethate sodium</i>	1	MB
<i>daptomycin</i>	4	MB
<i>dicloxacillin sodium</i>	1	
<i>doxycycline (monohydrate)</i>	1	
<i>doxycycline hyclate</i>	1	MB
<i>ertapenem sodium</i>	1	MB
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin lactobionate</i>	2	MB
<i>erythromycin-sulfisoxazole</i>	1	
<i>gentamicin sulfate</i>	1	MB
<i>imipenem-cilastatin</i>	1, 2	MB
<i>levofloxacin</i>	1	MB
<i>levofloxacin in d5w</i>	1	MB
<i>linezolid</i>	1, 4	MB
LINEZOLID IN SODIUM CHLORIDE	1	MB
<i>meropenem</i>	1	MB
<i>minocycline hcl</i>	1	
<i>nafticillin sodium</i>	1	MB
<i>neomycin sulfate</i>	1	
<i>penicillin g potassium</i>	1	MB
PENICILLIN G PROCAINE	1	MB
PENICILLIN G SODIUM	1	MB
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium-tazobactam sodium</i>	1	MB
STREPTOMYCIN SULFATE	4	MB
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1	MB
<i>sulfasalazine</i>	1	
TIMENTIN	2	MB
<i>tobramycin</i>	4	
TOBRAMYCIN SULFATE	1	MB
<i>vancomycin hcl</i>	1	MB

Name of drug	Drug Tier	Requirements / Limits
VANCOMYCIN HCL IN DEXTROSE	2	MB
ANTIFUNGALS		
AMPHOTERICIN B	1	MB
<i>caspofungin acetate</i>	1	MB
<i>fluconazole</i>	1	
<i>fluconazole in dextrose</i>	1	MB
<i>fluconazole in nacl</i>	1	MB
<i>griseofulvin microsize</i>	1, 2	
<i>itraconazole</i>	1, 4	PA
<i>ketoconazole</i>	1	
<i>nystatin</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>terbinafine hcl</i>	1	PA
<i>voriconazole</i>	1, 4	MB
ANTIMYCOBACTERIALS		
<i>dapsone</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
PRETOMANID	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin</i>	1	MB
ANTIPROTOZOALS		
<i>atovaquone</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	2	
<i>hydroxychloroquine sulfate</i>	1	
KRINTAFEL	2	
<i>mefloquine hcl</i>	1	
<i>metronidazole</i>	1	MB
NEBUPENT	2	
<i>primaquine phosphate</i>	2	
ANTIVIRALS		
<i>abacavir sulfate</i>	1	
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine</i>	1	
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	MB
<i>adefovir dipivoxil</i>	1	
APTIVUS	2	
<i>atazanavir sulfate</i>	1, 2	
BEYFORTUS	2	MB
BIKTARVY	2	
CABENUVA	2	MB

Name of drug	Drug Tier	Requirements / Limits
CIMDUO	2	
COMPLERA	2	
CRIXIVAN	2	
CYTOVENE	2	MB
<i>darunavir</i>	1, 2	
DELSTRIGO	2	
DESCOVY	2	
DIDANOSINE	1, 2	
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	
<i>emtricitabine</i>	1, 2	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	PREV
<i>entecavir</i>	1, 2	
EPCLUSA	4	PA, QL
<i>etravirine</i>	1, 2	
EVOTAZ	2	
<i>fosamprenavir calcium</i>	1, 2	
FOSCAVIR	2	MB
FUZEON	2	QL
GENVOYA	2	
INVIRASE	2	
ISENTRESS	2	
JULUCA	2	
<i>lamivudine</i>	1	
<i>lamivudine (hbv)</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEDIPASVIR-SOFOSBUVIR	4	PA, QL
LIVTENCITY	4	QL
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1, 2	
<i>nevirapine</i>	1	
ODEFSEY	2	
<i>oseltamivir phosphate</i>	1	QL
PAXLOVID (150/100)	2	
PEGASYS	4	QL
PIFELTRO	2	
PREVYMIS	4	MB
PREZCOBIX	2	
RELENZA DISKHALER	2	QL
RIBAVIRIN	1	
RIMANTADINE HCL	1	
<i>ritonavir</i>	1, 2	

Name of drug	Drug Tier	Requirements / Limits
STAVUDINE	1	
STRIBILD	2	
SYMFI	2	
SYMTUZA	2	
SYNAGIS	4	MB
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TRIUMEQ	2	
<i>valacyclovir hcl</i>	1	
<i>valganciclovir hcl</i>	1	
VEKLURY	4	MB
VIRACEPT	2	
VOSEVI	4	PA, QL
<i>zidovudine</i>	1	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin</i>	4	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<i>trimethoprim</i>	1	
ANTI-HISTAMINE DRUGS		
ANTI-HISTAMINE DRUGS		
<i>cyproheptadine hcl</i>	1	
<i>diphenhydramine hcl</i>	1	MB
<i>promethazine hcl</i>	1	MB
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	1	OC
ALECENSA	4	OC
ALUNBRIG	4	OC
<i>anastrozole</i>	1	OC
ASPARLAS	4	MB
<i>azacitidine</i>	1	MB
<i>bendamustine hcl</i>	4	MB
<i>bexarotene</i>	4	OC
<i>bicalutamide</i>	1	OC
BICNU	2	MB
<i>bleomycin sulfate</i>	1	MB
<i>bortezomib</i>	1	MB
BRUKINSA	4	OC
CALQUENCE	4	OC
CAMPATH	2	LD, MB
<i>capecitabine</i>	1	OC
CAPRELSA	4	LD, OC

Name of drug	Drug Tier	Requirements / Limits
<i>carboplatin</i>	1	MB
<i>cisplatin</i>	1	MB
<i>cladribine</i>	1	MB
COMETRIQ (100 MG DAILY DOSE)	4	LD, OC
COSMEGEN	2	MB
COTELLIC	4	OC
<i>cyclophosphamide</i>	1, 2	PA, MB
CYRAMZA	4	MB
<i>cytarabine</i>	1	MB
<i>dacarbazine</i>	1	MB
<i>daunorubicin hcl</i>	1, 2	MB
<i>decitabine</i>	1	MB
DOCETAXEL	2	MB
<i>doxorubicin hcl</i>	1	MB
<i>doxorubicin hcl liposomal</i>	1	MB
ELAHERE	4	MB
EMCYT	4	OC
<i>epirubicin hcl</i>	1, 2	MB
ERBITUX	2	MB
<i>erlotinib hcl</i>	4	OC
<i>etoposide</i>	1	OC, MB
<i>everolimus</i>	4	OC
<i>exemestane</i>	1	OC
<i>floxuridine</i>	1	MB
<i>fludarabine phosphate</i>	1	MB
<i>fluorouracil</i>	1	MB
FLUTAMIDE	1	OC
<i>fulvestrant</i>	2, 4	MB
GAZYVA	4	MB
<i>gefitinib</i>	4	OC
<i>gemcitabine hcl</i>	1	MB
GLEOSTINE	2, 4	OC
HALAVEN	2	MB
<i>hydroxyurea</i>	1	OC
IBRANCE	4	OC
<i>ifosfamide</i>	1, 2	MB
<i>imatinib mesylate</i>	1	OC
IMBRUVICA	4	OC
INLYTA	4	OC
<i>irinotecan hcl</i>	1, 2	MB
IXEMPRA KIT	2, 4	MB
JAKAFI	4	OC
JEVTANA	2	MB
KADCYLA	4	MB
KANJINTI	4	MB
KISQALI (200 MG DOSE)	4	OC
KYPROLIS	4	MB

Name of drug	Drug Tier	Requirements / Limits
<i>lapatinib ditosylate</i>	4	OC
<i>lenalidomide</i>	4	PA, LD
LENVIMA (10 MG DAILY DOSE)	4	QL, OC
<i>letrozole</i>	1	OC
LEUKERAN	4	OC
<i>leuprolide acetate</i>	1, 4	PA, QL
LONSURF	4	OC
LUPRON DEPOT (3-MONTH)	4	QL
LUPRON DEPOT (4-MONTH)	4	QL
LUPRON DEPOT (6-MONTH)	4	QL
LUPRON DEPOT-PED (1-MONTH)	4	QL
LUPRON DEPOT-PED (3-MONTH)	4	QL
LYNPARZA	4	OC
LYSODREN	4	LD, OC
MATULANE	4	OC
<i>megestrol acetate</i>	1	
MEKINIST	4	OC
MELPHALAN	1	OC
<i>mercaptopurine</i>	1, 4	OC
<i>methotrexate sodium</i>	1	MB
<i>mitomycin</i>	1	MB
<i>mitoxantrone hcl</i>	1	MB
MUSTARGEN	2	MB
MVASI	4	MB
MYLERAN	2	OC
NINLARO	4	OC
ODOMZO	4	OC
ONCASPAR	2	MB
OPDIVO	4	MB
<i>oxaliplatin</i>	1	MB
<i>paclitaxel</i>	1	MB
<i>pazopanib hcl</i>	4	OC
PEMETREXED DISODIUM	2	MB
POMALYST	4	LD, OC
PROLEUKIN	2	MB
RIABNI	4	MB
RYDAPT	4	OC
SARCLISA	4	MB
<i>sorafenib tosylate</i>	4	OC
SPRYCEL	4	OC
STIVARGA	4	OC
<i>sunitinib malate</i>	4	OC

Name of drug	Drug Tier	Requirements / Limits
SYLVANT	4	MB
TABLOID	4	OC
TAFINLAR	4	OC
TAGRISSO	4	OC
<i>tamoxifen citrate</i>	1	PA
TASIGNA	4	OC
<i>temozolomide</i>	1	OC
<i>temsirolimus</i>	1	MB
TENIPOSIDE	2	MB
<i>topotecan hcl</i>	1, 2	OC, MB
<i>tretinoin (chemotherapy)</i>	4	OC
UNITUXIN	4	MB
VECTIBIX	2	MB
VENCLEXTA	2, 4	OC
VERZENIO	4	OC
VINBLASTINE SULFATE	1	MB
VINCRISTINE SULFATE	1	MB
<i>vinorelbine tartrate</i>	1	MB
VYXEOS	4	MB
XTANDI	4	OC
YERVOY	2	MB
ZEJULA	4	OC
ZELBORAF	4	OC
ZOLADEX	2	MB
ZOLINZA	4	OC
ZYKADIA	4	OC
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
BENZODIAZEPINES		
<i>alprazolam</i>	1	QL
<i>diazepam</i>	1	QL, MB
<i>lorazepam</i>	1	QL, MB
<i>midazolam hcl</i>	1	MB
<i>temazepam</i>	1	QL
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>atropine sulfate</i>	1	MB
<i>benztropine mesylate</i>	1	MB
<i>dicyclomine hcl</i>	1	MB
<i>glycopyrrolate</i>	1	MB
<i>hyoscyamine</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide (nasal)</i>	1	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
<i>trihexyphenidyl hcl</i>	1	
AUTONOMIC DRUGS, MISCELLANEOUS		

Name of drug	Drug Tier	Requirements / Limits
NICOTROL	2	
<i>varenicline tartrate</i>	1, 2	QL
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride</i>	1	
<i>donepezil hydrochloride</i>	1	
<i>galantamine hydrobromide</i>	1	
<i>neostigmine methylsulfate</i>	1, 2	MB
PHYSOSTIGMINE SALICYLATE	2	MB
<i>pilocarpine hcl (oral)</i>	1	
<i>pyridostigmine bromide</i>	1, 4	
SKELETAL MUSCLE RELAXANTS		
<i>baclofen</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>dantrolene sodium</i>	1, 2	MB
<i>methocarbamol</i>	1	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
AKOVAZ	2	MB
<i>albuterol sulfate</i>	1	
AUVI-Q	1, 2	QL
<i>dihydroergotamine mesylate</i>	1	QL
<i>dobutamine hcl</i>	1	MB
DOBUTAMINE-DEXTROSE	1	MB
<i>epinephrine hcl</i>	1	MB
ERGOLOID MESYLATES	1	
<i>fluticasone-salmeterol</i>	1, 3	
<i>ipratropium-albuterol</i>	1	
<i>metaproterenol sulfate</i>	1	
<i>midodrine hcl</i>	1	
<i>phenoxybenzamine hcl</i>	4	
SEREVENT DISKUS	2	
STRIVERDI RESPIMAT	2	
<i>tamsulosin hcl</i>	1	
<i>terbutaline sulfate</i>	1	MB
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
COAGULANTS AND ANTICOAGULANTS		
ALPROLIX	2	MB
ALTUVIIIIO	2	MB
<i>aminocaproic acid</i>	1	
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	
<i>dipyridamole</i>	1	

Name of drug	Drug Tier	Requirements / Limits
ELOCTATE	2	MB
<i>enoxaparin sodium</i>	1	QL
HEMLIBRA	2	PA, QL
<i>heparin sodium (porcine)</i>	1	QL
<i>heparin sodium (porcine) lock flush</i>	1	MB
KOVALTRY	2	MB
<i>pentoxifylline</i>	1	
PRADAXA	2	
<i>prasugrel hcl</i>	1	
<i>tranexamic acid</i>	1	
<i>warfarin sodium</i>	1	
XARELTO	2, 4	
HEMATOPOIETIC AGENTS		
ALVAIZ	4	
GRANIX	2	QL
LEUKINE	4	QL
NIVESTYM	4	QL
PROCRIT	2, 4	QL
PROMACTA	4	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate</i>	1	
<i>terazosin hcl</i>	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium</i>	1	
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>fenofibrate</i>	1	
<i>gemfibrozil</i>	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol</i>	1	
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>esmolol hcl</i>	1	MB
<i>labetalol hcl</i>	1	MB
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i>	1	MB
<i>propranolol hcl</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>sotalol hcl</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	1	
CARDENE IV	2	MB
CLEVIPREX	2	MB
<i>diltiazem hcl</i>	1	MB
<i>diltiazem hcl coated beads</i>	1	
<i>nicardipine hcl</i>	1	MB
<i>nifedipine</i>	1	
<i>verapamil hcl</i>	1	
CARDIAC DRUGS		
<i>adenosine</i>	1	MB
<i>amiodarone hcl</i>	1	MB
<i>digoxin</i>	1, 2	MB
<i>disopyramide phosphate</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>lidocaine hcl (cardiac)</i>	1	MB
<i>mexiletine hcl</i>	1	
NEXTERONE	2	MB
<i>procainamide hcl</i>	1	MB
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
HYPOTENSIVE AGENTS		
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
<i>guanfacine hcl</i>	1	
<i>hydralazine hcl</i>	1	MB
METHYLDOPA	1	
<i>minoxidil</i>	1	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>captopril</i>	1	
<i>enalapril maleate</i>	1	
ENTRESTO	2	
<i>irbesartan</i>	2	
<i>irbesartan-hydrochlorothiazide</i>	2	
<i>lisinopril</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	2	

Name of drug	Drug Tier	Requirements / Limits
<i>spironolactone</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>valsartan</i>	2	
<i>valsartan-hydrochlorothiazide</i>	2	
VASODILATING AGENTS		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitroglycerin</i>	1, 2, 4	
<i>papaverine hcl</i>	1	MB
<i>sildenafil citrate (pulmonary hypertension)</i>	1	PA, QL
<i>tadalafil (pulmonary hypertension)</i>	1	PA, LD
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
<i>acetaminophen</i>	1	MB
<i>acetaminophen w/ codeine</i>	1	QL
<i>buprenorphine</i>	3	QL
BUTORPHANOL TARTRATE	1	MB
<i>choline & mag salicylate</i>	1	
<i>clonidine hcl (analgesia)</i>	1	MB
<i>codeine sulfate</i>	1	QL
<i>diclofenac sodium</i>	1	
<i>etodolac</i>	1	
<i>fentanyl</i>	1	QL
<i>fentanyl citrate</i>	1	MB
<i>hydrocodone-acetaminophen</i>	1	QL
<i>hydromorphone hcl</i>	1	QL, MB
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>ketorolac tromethamine</i>	1	MB
<i>meloxicam</i>	1	
<i>meperidine hcl</i>	1	MB
<i>methadone hcl</i>	1	QL
<i>morphine sulfate</i>	1, 2	QL, MB
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>oxycodone hcl</i>	1, 2	QL
<i>oxycodone w/ acetaminophen</i>	1, 4	QL
<i>sulindac</i>	1	
<i>tramadol hcl</i>	1	QL

Name of drug	Drug Tier	Requirements / Limits
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>amphetamine-dextroamphetamine</i>	1	
<i>caffeine citrate</i>	1	MB
<i>dexmethylphenidate hcl</i>	1	
<i>dextroamphetamine sulfate</i>	1	
<i>methylphenidate hcl</i>	1	
<i>midazolam hcl</i>	1	MB
<i>modafinil</i>	1	
ANTICHOLINERGIC AGENTS		
<i>benztropine mesylate</i>	1	
ANTICONVULSANTS		
<i>carbamazepine</i>	1	
CELONTIN	2	
<i>clonazepam</i>	1	QL
<i>divalproex sodium</i>	1	
<i>ethosuximide</i>	1	
<i>fospheyntoin sodium</i>	1	MB
<i>gabapentin</i>	1	
<i>lacosamide</i>	1	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	MB
<i>magnesium sulfate</i>	1, 2	MB
<i>oxcarbazepine</i>	1	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	MB
<i>phenytoin sodium extended</i>	1, 2	
<i>pregabalin</i>	1	
<i>primidone</i>	1	
<i>topiramate</i>	1	
<i>valproate sodium</i>	1	MB
<i>valproic acid</i>	1	
ANTIMIGRAINE AGENTS		
AJOVY	2	QL
<i>naratriptan hcl</i>	1	QL
<i>rizatriptan benzoate</i>	1	QL
<i>sumatriptan</i>	1	
<i>sumatriptan succinate</i>	1	QL
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>buspirone hcl</i>	1	
<i>dexmedetomidine hcl</i>	1	MB
<i>dexmedetomidine hcl in sodium chloride</i>	1, 2	MB
DIASTAT ACUDIAL	2	QL
<i>droperidol</i>	1	MB
<i>etomidate</i>	1	MB

Name of drug	Drug Tier	Requirements / Limits
<i>hydroxyzine hcl</i>	1	MB
<i>hydroxyzine pamoate</i>	1	
<i>ketamine hcl</i>	1	MB
<i>midazolam hcl</i>	1	MB
<i>phenobarbital</i>	1	
<i>phenobarbital sodium</i>	1	MB
<i>propofol</i>	1, 2	MB
<i>zaleplon</i>	1	QL
<i>zolpidem tartrate</i>	1	QL
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>acamprosate calcium</i>	1	
<i>amantadine hcl</i>	1	
<i>atomoxetine hcl</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>cabergoline</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>cisatracurium besylate</i>	1	MB
<i>diethylpropion hcl</i>	1	HC
<i>entacapone</i>	1	
<i>flumazenil</i>	1	MB
<i>guanfacine hcl (adhd)</i>	1	
KYNMOBI	4	
<i>memantine hcl</i>	1	
<i>phentermine hcl</i>	1	HC
<i>pramipexole dihydrochloride</i>	1	
QUELICIN	2	MB
<i>riluzole</i>	1	
<i>rocuronium bromide</i>	1	MB
<i>ropinirole hydrochloride</i>	1	
<i>selegiline hcl</i>	1	
<i>sevoflurane</i>	1	MB
SUPRANE	2	MB
<i>vecuronium bromide</i>	1	MB
OPIATE ANTAGONISTS		
<i>buprenorphine hcl</i>	1	QL
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	1	QL
<i>naloxone hcl</i>	1	QL
<i>naltrexone hcl</i>	1	
PSYCHOTHERAPEUTIC AGENTS		
<i>amitriptyline hcl</i>	1	
<i>aripiprazole</i>	1	
ARISTADA	4	MB
<i>bupropion hcl</i>	1	PA
<i>chlorpromazine hcl</i>	1	MB
<i>citalopram hydrobromide</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>clozapine</i>	1	QL
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>duloxetine hcl</i>	1	
<i>escitalopram oxalate</i>	1	
<i>fluoxetine hcl</i>	1	
<i>fluphenazine decanoate</i>	1	MB
<i>fluphenazine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	MB
<i>haloperidol lactate</i>	1	MB
<i>imipramine hcl</i>	1	
INVEGA SUSTENNA	2, 4	MB
<i>lithium carbonate</i>	1	
LITHIUM CITRATE	2	
<i>lurasidone hcl</i>	1	
<i>mirtazapine</i>	1	
NEFAZODONE HCL	1	
<i>nortriptyline hcl</i>	1	
<i>olanzapine</i>	1	MB
<i>paroxetine hcl</i>	1	
<i>perphenazine</i>	1	
PHENELZINE SULFATE	1	
PIMOZIDE	1	
<i>prochlorperazine</i>	1	
PROCHLORPERAZINE EDISYLATE	1	MB
<i>prochlorperazine maleate</i>	1	
<i>protriptyline hcl</i>	1	
<i>quetiapine fumarate</i>	1	
RISPERDAL CONSTA	2, 4	MB
<i>risperidone</i>	1, 4	
<i>sertraline hcl</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trazodone hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
<i>venlafaxine hcl</i>	1	
<i>ziprasidone hcl</i>	1	
DIABETIC SUPPLIES		
DIABETIC SUPPLIES		
ADVOCATE CONTROL SOLUTION	2	
ALBUSTIX	2	
AUTOPEN	2	
BD AUTOSHIELD DUO	2	
BD INSULIN SYRINGE	2	

Name of drug	Drug Tier	Requirements / Limits
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE U-500	2	
BD LANCET ULTRAFINE 30G	2	
CONTOUR NEXT TEST	2	QL
DIASTIX	2	
KETO-DIASTIX	2	
KETOSTIX	2	
MINIMED SYRINGE RESERVOIR/3ML/22G X 1/2"	2	
ONETOUCH VERIO FLEX SYSTEM	2	QL
PENLET II BLOOD SAMPLER	2	
PRECISION XTRA KETONE	2	
URISTIX	2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AND ALKALINIZING AGENTS		
K-PHOS NO 2	2	
<i>pot & sod citrates w/citric ac</i>	1, 2	
<i>potassium citrate (alkalinizer)</i>	1	
<i>potassium citrate-citric acid</i>	1	
SODIUM ACETATE	1	MB
<i>sodium bicarbonate</i>	1	MB
<i>sodium citrate & citric acid</i>	1	
AMMONIA DETOXICANTS		
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
<i>lubiprostone</i>	1	
CALORIC AGENTS		
<i>amino acid infusion</i>	2	MB
CLINIMIX E/DEXTROSE (5/15)	2	MB
CLINIMIX E/DEXTROSE (5/20)	2	MB
CLINIMIX/DEXTROSE (5/15)	2	MB
<i>dextrose</i>	1	MB
INTRALIPID	2	MB
PROCALAMINE	2	MB

Name of drug	Drug Tier	Requirements / Limits
DIURETICS		
<i>amiloride & hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>ethacrynate sodium</i>	1	MB
<i>furosemide</i>	1	MB
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>mannitol</i>	1	MB
<i>metolazone</i>	1	
<i>toremide</i>	1	
<i>triamterene & hydrochlorothiazide</i>	1	
ION-REMOVING AGENTS		
<i>lanthanum carbonate</i>	3	
LOKELMA	3	
<i>sevelamer carbonate</i>	1	
<i>sodium polystyrene sulfonate</i>	1, 2	
IRRIGATING SOLUTIONS		
<i>acetic acid</i>	1	
DIANEAL LOW CALCIUM/1.5% DEX	2	MB
EXTRANEAL	2	MB
<i>sodium chloride (gu irrigant)</i>	1	MB
<i>water for irrigation, sterile</i>	1	
REPLACEMENT PREPARATIONS		
<i>bacteriostatic sodium chloride</i>	1	MB
<i>calcium acetate (phosphate binder)</i>	1, 2	
<i>calcium chloride (dihydrate)</i>	1	MB
<i>calcium gluconate</i>	1	MB
<i>dextrose in lactated ringers</i>	1	MB
<i>dextrose w/ sodium chloride</i>	1	MB
HESPAN	2	MB
K-PHOS	2	
K-PHOS-NEUTRAL	2	
KCL (0.298%) IN NACL	1	MB
KCL-LACTATED RINGERS-D5W	2	MB
LACTATED RINGERS	2	MB
LOKELMA	3	

Name of drug	Drug Tier	Requirements / Limits
<i>potassium acetate</i>	1	MB
<i>potassium bicarbonate</i>	1, 2	
<i>potassium chloride</i>	1, 2	MB
<i>potassium chloride in dextrose & sodium chloride</i>	1, 2	MB
<i>potassium chloride microencapsulated crystals cr</i>	1, 2	
<i>potassium phosphates</i>	1	MB
<i>sodium chloride</i>	1	MB
<i>sodium chloride flush</i>	1	MB
<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>	1	MB
<i>trace minerals (cr-cu-mn-se-zn)</i>	1	MB
ZINC CHLORIDE	2	MB
URICOSURIC AGENTS		
<i>probenecid</i>	1	
ENZYMES		
ENZYMES		
ADAGEN	2	LD, MB
ELELYSO	4	MB
FABRAZYME	4	MB
HYLENEX	2	MB
PULMOZYME	4	
VIMIZIM	4	MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
ARZOL SILVER NIT APPLICATORS	1	MB
BACITRACIN	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BETADINE OPHTHALMIC PREP	2	MB
<i>ciprofloxacin hcl (ophth)</i>	1, 2	
<i>erythromycin (ophth)</i>	1	
<i>gentamicin sulfate (ophth)</i>	1	
<i>moxifloxacin hcl (ophth)</i>	1	
NATACYN	2	
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>tobramycin (ophth)</i>	1	
TRIFLURIDINE	1	
ANTI-INFLAMMATORY AGENTS		

Name of drug	Drug Tier	Requirements / Limits
<i>bacitracin-poly-neomycin-hc</i>	1	
BLEPHAMIDE	1, 2	
<i>bromfenac sodium (ophth)</i>	2	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	2	
<i>cyclosporine (ophth)</i>	1	QL
DEXAMETHASONE SODIUM PHOSPHATE	1	
<i>diclofenac sodium (ophth)</i>	1	
<i>flunisolide (nasal)</i>	1	
<i>fluorometholone (ophth)</i>	1	
FLURBIPROFEN SODIUM	1	
<i>hydrocortisone w/acetic acid</i>	1	
<i>ketorolac tromethamine (ophth)</i>	1	
<i>neomycin-polymy-dexameth</i>	1	
NEOMYCIN-POLYMYXIN-HC	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
PRED-G	2	
PREDNISOLONE ACETATE	1	
PREDNISOLONE SODIUM PHOSPHATE	1	
<i>tobramycin-dexamethasone</i>	1, 2	
ANTIALLERGIC AGENTS		
<i>azelastine hcl</i>	1	
CROMOLYN SODIUM	1	
ANTIGLAUCOMA AGENTS		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	MB
BETAXOLOL HCL	1	
<i>brimonidine tartrate</i>	1	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>latanoprost</i>	1	
LEVOBUNOLOL HCL	1	
<i>methazolamide</i>	1	
<i>pilocarpine hcl</i>	1	
<i>timolol maleate (ophth)</i>	1	
<i>travoprost</i>	3	
EENT DRUGS, MISCELLANEOUS		

Name of drug	Drug Tier	Requirements / Limits
<i>acetic acid (otic)</i>	1	
<i>acetic acid-aluminum acetate</i>	1	
BSS	2	MB
BYOOVIZ	4	MB
LUCENTIS	4	LD, MB
PHOTREXA VISCOUS	2	MB
LOCAL ANESTHETICS		
<i>fluorescein w/ benoxinate</i>	1	MB
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>proparacaine hcl</i>	1	MB
<i>tetracaine hcl (ophth)</i>	1	MB
MYDRIATICS		
<i>atropine sulfate (ophthalmic)</i>	1	
CYCLOMYDRIL	2	MB
<i>cyclopentolate hcl</i>	1	
HOMATROPAIRE	1	
<i>tropicamide</i>	1	MB
VASOCONSTRICTORS		
<i>phenylephrine hcl (mydriatic)</i>	1	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
<i>balsalazide disodium</i>	1	
<i>mesalamine</i>	1, 2	
ANTIEMETICS		
AKYNZEO	2	
<i>aprepitant</i>	1	
<i>dronabinol</i>	1	
<i>granisetron hcl</i>	1	
<i>ondansetron</i>	1	
<i>ondansetron hcl</i>	1	MB
<i>scopolamine</i>	1, 2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>famotidine</i>	1	MB
<i>misoprostol</i>	1	
<i>omeprazole</i>	1	
<i>pantoprazole sodium</i>	1	MB
<i>sucralfate</i>	1	
DIGESTANTS		
ZENPEP	2, 4	
GI DRUGS, MISCELLANEOUS		
<i>chlordiazepoxide hcl-clidinium bromide</i>	1	
CREON	2	
<i>diphenoxylate w/ atropine</i>	1	
<i>lubiprostone</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>metoclopramide hcl</i>	1	MB
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1, 2	
<i>ursodiol</i>	1	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
MYOCHRYSSINE	2	MB
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
<i>deferasirox</i>	1	
<i>deferoxamine mesylate</i>	1	MB
<i>penicillamine</i>	4	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
BREZTRI AEROSPHERE	2	
<i>budesonide</i>	1	
CELESTONE SOLUSPAN	2	MB
CORTISONE ACETATE	1	
<i>dexamethasone</i>	1, 2	
<i>dexamethasone sodium phosphate</i>	1	MB
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1	
<i>methylprednisolone</i>	1, 2	
<i>methylprednisolone acetate</i>	1, 2	MB
<i>methylprednisolone sod succ</i>	1, 2	MB
<i>prednisolone</i>	1, 2	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1, 2	
SOLU-CORTEF	2	MB
<i>triamcinolone acetonide</i>	1, 2	MB
ANDROGENS		
<i>danazol</i>	1	
<i>testosterone</i>	1	
<i>testosterone cypionate</i>	1, 2	QL
TESTOSTERONE ENANTHATE	1	QL
CONTRACEPTIVES		
<i>desogestrel & ethinyl estradiol</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
ELLA	2	
<i>ethynodiol diacet & eth estrad</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>etonogestrel-ethinyl estradiol</i>	1	QL
<i>levonorgestrel & eth estradiol</i>	1	
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	
NECON 10/11-28	1	
<i>norelgestromin-ethinyl estradiol</i>	1	
<i>norethin acet & estrad-fe</i>	1	
<i>norethindrone & eth estradiol</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acet & eth estra</i>	1	
<i>norethindrone-eth estradiol (triphasic)</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	
OPILL	2	
PLAN B ONE-STEP	2	
DIABETIC AGENTS		
<i>acarbose</i>	1	
BAQSIMI ONE PACK	2	
<i>diazoxide</i>	1	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
GLUCAGON EMERGENCY	1	
HUMALOG	2	
HUMULIN 70/30	2	
HUMULIN N	2	
HUMULIN R	2	
INSULIN DEGLUDEC FLEXTOUCH	2	PA
INSULIN GLARGINE-YFGN	2	
JARDIANCE	2	
<i>metformin hcl</i>	1	
<i>pioglitazone hcl</i>	1	
SITAGLIPTIN	2	
ESTROGENS AND ANTIESTROGENS		
CLOMIPHENE CITRATE	1	
<i>esterified estrogens & methyltestosterone</i>	1	
<i>estradiol</i>	1, 2	

Name of drug	Drug Tier	Requirements / Limits
<i>estradiol vaginal</i>	1, 2	
<i>estradiol valerate</i>	1	QL
<i>raloxifene hcl</i>	1	
GONADOTROPINS		
BRAVELLE	2	QL
CHORIONIC GONADOTROPIN	2	QL
FOLLISTIM AQ	2	QL
GANIRELIX ACETATE	2	QL
GONAL-F	2	QL
MENOPUR	2	QL
IUD		
MIRENA (52 MG)	2	MB
NEXPLANON	2	MB
PARATHYROID		
<i>calcitonin (salmon)</i>	1	QL
PITUITARY		
<i>desmopressin acetate</i>	1, 2	QL
<i>desmopressin acetate refrigerated</i>	1	
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
PROGESTINS		
DEPO-PROVERA	2	MB
HYDROXYPROGESTERONE CAPROATE	1	MB
<i>medroxyprogesterone acetate</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i>	1	MB
<i>norethindrone acetate</i>	1	
<i>progesterone</i>	1	PA, QL
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
<i>octreotide acetate</i>	1, 4	QL, MB
OMNITROPE	2	QL
THYROID AND ANTITHYROID AGENTS		
<i>levothyroxine sodium</i>	1	MB
<i>lithyronine sodium</i>	1	
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
MEDICAL DEVICE		
DIAPHRAGM		
WIDE-SEAL DIAPHRAGM 60	2	
IUD		
PARAGARD INTRAUTERINE COPPER	2	MB

Name of drug	Drug Tier	Requirements / Limits
MEDICAL DEVICE		
AEROCHAMBER Z-STAT PLUS	2	
AEROGEAR ACTION ASTHMA KIT	2	
CATHFLO ACTIVASE	2	MB
CLEVER CHOICE WHISPER AIRE NEB	2	
DEVILBISS COMPACT COMPRESSOR	2	
PIKO 1	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
1ML ALLERGIST TRAY SYRINGE 26 G X 1/2"	2	
1ML TUBERCULIN SYRINGE SLIP TIP	2	
<i>adenosine (diagnostic)</i>	1	MB
ALBUMIN HUMAN	2	MB
<i>alendronate sodium</i>	1	
<i>allopurinol</i>	1	
AMJEVITA	2	QL
<i>azathioprine</i>	1	
BACTERIOSTATIC WATER(BENZ ALC)	2	MB
BD 10ML LUER-LOK SYRINGE 22G X 1-1/2"	2	
BD 3ML LUER-LOK SYRINGE 20G X 1-1/2"	2	
BD BLUNT FILL NEEDLE	2	
BD DISP NEEDLE	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD FILTER NEEDLE/5 MICRON	2	
BD LUER-LOK SYRINGE	2	
BD SYRINGE SLIP TIP	2	
BETASERON	4	QL
BOTOX	2	MB
BRIDION	2	MB
<i>bupivacaine hcl</i>	1	MB
<i>bupivacaine in dextrose</i>	1	MB
<i>bupivacaine w/ epinephrine</i>	1	MB
CABOMETYX	4	OC
CAMPHOR	2	
CAMPHOR BLOCKS	2	

Name of drug	Drug Tier	Requirements / Limits
CAMPHOR SPIRIT	1	
CARBOCAINE	2	MB
CERDELGA	4	LD
CHLORAMPHENICOL	2	
<i>cinacalcet hcl</i>	1	
COAL TAR	2	
<i>colchicine</i>	1	
CORTROSYN	2	MB
<i>cyclosporine modified (for microemulsion)</i>	1	
<i>dexrazoxane hcl</i>	1, 2	MB
DIETHYLSTILBESTROL	2	
DILTIAZEM HCL	2	
<i>dimethyl fumarate</i>	1	
<i>disulfiram</i>	1	
<i>dopamine in d5w</i>	1	MB
EOVIST	2	MB
<i>finasteride</i>	1	
GADAVIST	2	MB
<i>gadoterate meglumine</i>	1	MB
GELFOAM SPONGE	2	MB
<i>glatiramer acetate</i>	1	QL
GLUCAGEN DIAGNOSTIC	2	MB
HYDROCORTISONE	2	
HYDROCORTISONE MICRONIZED	2	
HYDROXYUREA	2	
<i>icatibant acetate</i>	4	QL
INFLECTRA	4	MB
KETAMINE HCL	2	
KETOPROFEN	2	
<i>leflunomide</i>	1	
LETS	2	MB
<i>leucovorin calcium</i>	1	MB
LEUCOVORIN CALCIUM	2	
<i>levocarnitine (metabolic modifiers)</i>	1	MB
LIDOCAINE	2	
LIDOCAINE HCL	2	
<i>lidocaine hcl (local anesth.)</i>	1, 2	MB
<i>lidocaine w/ epinephrine</i>	1	MB
MAGNEVIST	2	MB
MENTHOL	2	
<i>mesna</i>	1, 4	MB
<i>methylergonovine maleate</i>	1	MB
MONOJECT SYRINGE	2	
<i>mycophenolate mofetil</i>	1, 4	

Name of drug	Drug Tier	Requirements / Limits
NYSTATIN	2	
ODACTRA	2	
OMNITROPE PEN 10 INJ DEVICE	2	
ORENCIA	4	PA, QL, MB
OTEZLA	4	PA, QL
<i>oxytocin</i>	2	MB
PAMIDRONATE DISODIUM	1	MB
PCCA LIPODERM BASE	2	
PHENOL	2	
PROVAYBLUE	2	MB
PROVOCHOLINE	2	MB
READI-CAT 2	2	
<i>regadenoson</i>	1	MB
RIMSO-50	2	MB
SALICYLIC ACID	2	
SANDIMMUNE	2	MB
SCULPTRA	2	MB
<i>sodium fluoride</i>	1, 2	
SSKI	2	
SULFAMETHOXAZOLE	2	
SULFUR PRECIPITATED	2	
<i>tacrolimus</i>	1, 2	MB
THALOMID	4	PA, LD
THYMOL	2	
THYROGEN	4	MB
TRIAMCINOLONE ACETONIDE	2	
TUBERSOL	2	MB
TYENNE	4	QL
<i>water for injection, sterile</i>	1	MB
WEGOVY	2	PA
XELJANZ	4	PA
<i>yohimbine hcl</i>	1	
<i>zoledronic acid</i>	1	MB
MUSCULOSKELETAL THERAPY		
HYALGAN	2	MB
VITAMINS		
<i>potassium aminobenzoate</i>	1, 2	
OXYTOCICS		
OXYTOCICS		
<i>methylergonovine maleate</i>	1	
MIFEPREX	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium</i>	4	

Name of drug	Drug Tier	Requirements / Limits
<i>cromolyn sodium (mastocytosis)</i>	1	
FASENRA	4	PA, QL, MB
<i>montelukast sodium</i>	1	
ANTITUSSIVES		
<i>benzonatate</i>	1	
DURATUSS HD	2	QL
<i>guaifenesin-codeine</i>	1	QL
<i>hydrocodone bitartrate-homatropine methylbromide</i>	1	QL
<i>phenyleph-cpm w/ hydrocod</i>	1	QL
<i>phenylephrine-ephedrine-chlorpheniramine w/ carbetapentane</i>	1	
RESPIRATORY AGENTS, MISCELLANEOUS		
<i>acetylcysteine</i>	1	
ADEMPAS	4	PA, LD
ALVESCO	2	
<i>ambrisentan</i>	1	LD
ASMANEX (120 METERED DOSES)	2	
<i>bosentan</i>	1	LD
<i>brompheniramine & phenyleph</i>	1	
<i>budesonide (inhalation)</i>	1	
<i>budesonide-formoterol fumarate dihydrate</i>	1	
FLOVENT HFA	2	
ORKAMBI	4	PA, LD
<i>pirfenidone</i>	2	LD
<i>sodium chloride (inhalant)</i>	1	
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
FLEBOGAMMA DIF	2	MB
GAMASTAN	2	MB
GAMMAGARD	2, 4	QL
HYPERRHO S/D	2	MB
IMOGAM RABIES-HT	2	MB
NABI-HB	2	MB
TOXOIDS		
ADACEL	2	MB
INFANRIX	2	MB
KINRIX	2	MB
TDVAX	2	MB
TE ANATOXAL BERNA	2	MB
VACCINES		

Name of drug	Drug Tier	Requirements / Limits
ABRYSVO	2	MB
AREXVY	2	MB
BEXSERO	2	MB
COMIRNATY	2	MB
ENGERIX-B	2	MB
FLULAVAL QUADRIVALENT	2	MB
FLUZONE HIGH-DOSE QUADRIVALENT	2	MB
GARDASIL 9	2	MB
HAVRIX	2	MB
HIBERIX	2	MB
IMOVAX RABIES	2	MB
IPOL	2	MB
IXIARO	2	MB
JE-VAX	2	MB
MENOMUNE-A/C/Y/W-135	2	MB
MENVEO	2	MB
MERUVAX II W/DILUENT 10 DOSE	2	MB
MUMPSVAX W/DILUENT 10 DOSE	2	MB
PEDIARIX	2	MB
PNEUMOVAX 23	2	MB
PREVNAR 13	2	MB
PREVNAR 20	2	MB
PRIORIX	2	MB
PROQUAD	2	MB
RABAVERT	2	MB
ROTARIX	2	MB
ROTATEQ	2	MB
SHINGRIX	2	MB
TICE BCG	2	MB
TICOVAC	2	MB
TYPHIM VI	2	MB
VARIVAX	2	MB
VAXCHORA	2	MB
VIVOTIF	2	
YF-VAX	2	MB
ZOSTAVAX	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
<i>ciclopirox</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clindamycin phosphate (topical)</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>clindamycin phosphate vaginal</i>	1	
<i>clotrimazole</i>	1	
<i>erythromycin (acne aid)</i>	1	
<i>gentamicin sulfate (topical)</i>	1	
<i>iodoquinol-hc</i>	1	
<i>ketconazole (topical)</i>	1	
<i>metronidazole (topical)</i>	1	
<i>mupirocin</i>	1	
<i>nystatin (topical)</i>	1	
<i>permethrin</i>	1	
<i>selenium sulfide</i>	1	
<i>silver sulfadiazine</i>	1	
<i>sulfacetamide sodium w/ sulfur</i>	1	
VANAZOLE	2	
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate</i>	1, 2	
<i>desoximetasone</i>	1	
<i>diflorasone diacetate</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>hydrocortisone (intrarectal)</i>	1	
<i>hydrocortisone (rectal)</i>	1	
<i>hydrocortisone (topical)</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone furoate</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	
<i>triamcinolone acetonide (topical)</i>	1	
<i>urea-hc acetate</i>	1	
CELL STIMULANTS AND PROLIFERANTS		
<i>tretinoin</i>	1, 2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin</i>	1	
<i>adapalene</i>	1, 2	

Name of drug	Drug Tier	Requirements / Limits
<i>adapalene-benzoyl peroxide</i>	1	
<i>aluminum chloride</i>	1	
<i>azelaic acid</i>	1	
<i>calcipotriene</i>	1	
COSENTYX	4	PA, QL
<i>fluorouracil (topical)</i>	1	
<i>imiquimod</i>	1	
<i>isotretinoin</i>	1	
<i>lidocaine hcl</i>	1	
<i>lidocaine-prilocaine</i>	1	
<i>methoxsalen rapid</i>	1	
PODOFILOX	1	
<i>salicylic acid</i>	1	
SANTYL	2	
<i>tacrolimus (topical)</i>	1	
SMOOTH MUSCLE RELAXANTS		
SMOOTH MUSCLE RELAXANTS		
<i>aminophylline</i>	1	MB
<i>darifenacin hydrobromide</i>	1	
<i>mirabegron</i>	1, 2	PA
<i>oxybutynin chloride</i>	1	
<i>solifenacin succinate</i>	1	
<i>theophylline</i>	1	
<i>tropium chloride</i>	1	
VASODILATING AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
CAVERJECT	2	QL
<i>sildenafil citrate</i>	1	QL
<i>tadalafil</i>	1	PA, QL
VITAMINS		
VITAMINS		
AQUASOL A	2	MB
<i>ascorbic acid</i>	1	MB
<i>calcitriol</i>	1	MB
<i>cyanocobalamin</i>	1	QL
<i>ergocalciferol</i>	1	
<i>folic acid</i>	1	QL
INFED	2	MB
INFUVITE ADULT	2	MB
INFUVITE PEDIATRIC	2	MB
<i>multiple vitamins w/ minerals</i>	1	
<i>ped multivitamins w/fl & iron</i>	1	
<i>pediatric multivitamins w/fl</i>	1, 2	
<i>pediatric vitamins acid fluoride & iron</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>pediatric vitamins acd w/ fluoride</i>	1	
<i>phytonadione</i>	1, 2	MB
<i>prenatal vit w/ ferrous fumarate-folic acid</i>	1	
<i>prenatal vit w/ iron carbonyl-folic acid</i>	1, 2	

Name of drug	Drug Tier	Requirements / Limits
PYRIDOXINE HCL	1	MB
<i>thiamine hcl</i>	1	MB
VENOFER	2	MB
VINATE M	2	

	1
1ML ALLERGIST TRAY SYRINGE 26 G X 1/2	17
1ML TUBERCULIN SYRINGE SLIP TIP	17

	3
3 2, 3	

	A
<i>abacavir sulfate</i>	7
<i>abacavir sulfate-lamivudine</i>	7
<i>abacavir sulfate-lamivudine-zidovudine</i>	7
<i>abiraterone acetate</i>	8
ABRYSVO	19
<i>acamprosate calcium</i>	12
<i>acarbose</i>	16
<i>acetaminophen</i>	11
<i>acetaminophen w/ codeine</i>	11
<i>acetazolamide</i>	15
<i>acetazolamide sodium</i>	15
<i>acetic acid</i>	14, 15
<i>acetic acid (otic)</i>	15
<i>acetic acid-aluminum acetate</i>	15
<i>acetylcysteine</i>	19
<i>acitretin</i>	20
<i>acyclovir</i>	7
<i>acyclovir sodium</i>	7
ADACEL	19
ADAGEN	14
<i>adapalene</i>	20
<i>adapalene-benzoyl peroxide</i>	20
<i>adefovir dipivoxil</i>	7
ADEMPAS	19
<i>adenosine</i>	11, 17
<i>adenosine (diagnostic)</i>	17
ADVOCATE CONTROL SOLUTION	13
AEROCHAMBER Z-STAT PLUS	17
AEROGEAR ACTION ASTHMA KIT	17
AJOVY	12
AKOVAZ	10
AKYNZEO	15
<i>albendazole</i>	6
ALBUMIN HUMAN	17
ALBUSTIX	13
<i>albuterol sulfate</i>	10
ALECENSA	8

<i>alendronate sodium</i>	17
<i>allopurinol</i>	17
<i>alprazolam</i>	9
ALPROLIX	10
ALTUVIIIIO	10
<i>aluminum chloride</i>	20
ALUNBRIG	8
ALVAIZ	10
ALVESCO	19
<i>amantadine hcl</i>	12
<i>ambrisentan</i>	19
<i>amikacin sulfate</i>	6
<i>amiloride & hydrochlorothiazide</i>	14
<i>amiloride hcl</i>	14
<i>amino acid infusion</i>	13
<i>aminocaproic acid</i>	10
<i>aminophylline</i>	20
<i>amiodarone hcl</i>	11
<i>amitriptyline hcl</i>	12
AMJEVITA	17
<i>amlodipine besylate</i>	11
<i>amoxicillin</i>	4, 6
<i>amoxicillin & pot clavulanate</i>	6
<i>amphetamine-dextroamphetamine</i>	12
AMPHOTERICIN B	7
<i>ampicillin</i>	6
<i>ampicillin & sulbactam sodium</i>	6
<i>ampicillin sodium</i>	6
<i>anagrelide hcl</i>	10
<i>anastrozole</i>	8
<i>aprepitant</i>	15
APTIVUS	7
AQUASOL A	20
AREXVY	19
<i>aripiprazole</i>	12
ARISTADA	12
ARZOL SILVER NIT APPLICATORS	14
<i>ascorbic acid</i>	20
ASMANEX (120 METERED DOSES)	19
ASPARLAS	8
<i>aspirin-dipyridamole</i>	10
<i>atazanavir sulfate</i>	7
<i>atenolol</i>	10
<i>atenolol & chlorthalidone</i>	10
<i>atomoxetine hcl</i>	12
<i>atorvastatin calcium</i>	10

<i>atovaquone</i>	7
<i>atovaquone-proguanil hcl</i>	7
<i>atropine sulfate</i>	9, 15
<i>atropine sulfate (ophthalmic)</i>	15
AUTOPEN.....	13
AUVI-Q.....	10
AVELOX.....	6
<i>azacitidine</i>	8
<i>azathioprine</i>	17
<i>azelaic acid</i>	20
<i>azelastine hcl</i>	15
<i>azithromycin</i>	6
<i>aztreonam</i>	6

B

<i>bacitracin</i>	6, 14, 15
BACITRACIN.....	14
<i>bacitracin-polymyxin b (ophth)</i>	14
<i>bacitracin-poly-neomycin-hc</i>	15
<i>baclofen</i>	10
<i>bacteriostatic sodium chloride</i>	14
BACTERIOSTATIC WATER(BENZ ALC).....	17
<i>balsalazide disodium</i>	15
BAQSIMI ONE PACK.....	16
BD 10ML LUER-LOK SYRINGE 22G X 1-1/2 ..	17
BD 3ML LUER-LOK SYRINGE 20G X 1-1/2	17
BD AUTOSHIELD DUO.....	13
BD BLUNT FILL NEEDLE.....	17
BD DISP NEEDLE.....	17
BD DISP NEEDLES.....	17
BD FILTER NEEDLE/5 MICRON.....	17
BD INSULIN SYRINGE.....	13
BD INSULIN SYRINGE U-500.....	13
BD LANCET ULTRAFINE 30G.....	13
BD LUER-LOK SYRINGE.....	17
BD SYRINGE SLIP TIP.....	17
<i>bendamustine hcl</i>	8
<i>benzonatate</i>	19
<i>benztropine mesylate</i>	9, 12
BETADINE OPHTHALMIC PREP.....	14
<i>betamethasone dipropionate (topical)</i>	20
<i>betamethasone dipropionate augmented</i>	20
<i>betamethasone valerate</i>	20
BETASERON.....	17
BETAXOLOL HCL.....	15
<i>bethanechol chloride</i>	10

<i>bexarotene</i>	8
BEXSERO.....	19
BEYFORTUS.....	7
<i>bicalutamide</i>	8
BICILLIN L-A.....	6
BICNU.....	8
BIKTARVY.....	7
<i>bisoprolol & hydrochlorothiazide</i>	10
<i>bisoprolol fumarate</i>	10
<i>bleomycin sulfate</i>	8
BLEPHAMIDE.....	15
<i>bortezomib</i>	8
<i>bosentan</i>	19
BOTOX.....	17
BRAVELLE.....	17
BREZTRI AEROSPHERE.....	16
BRIDION.....	17
BRILINTA.....	10
<i>brimonidine tartrate</i>	15
<i>bromfenac sodium (ophth)</i>	15
<i>bromocriptine mesylate</i>	12
<i>brompheniramine & phenyleph</i>	19
BRUKINSA.....	8
BSS.....	15
<i>budesonide</i>	16, 19
<i>budesonide (inhalation)</i>	19
<i>budesonide-formoterol fumarate dihydrate</i>	19
<i>bupivacaine hcl</i>	17
<i>bupivacaine in dextrose</i>	17
<i>bupivacaine w/ epinephrine</i>	17
<i>buprenorphine</i>	11, 12
<i>buprenorphine hcl</i>	12
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	12
<i>bupropion hcl</i>	12
<i>bupirone hcl</i>	12
BUTORPHANOL TARTRATE.....	11
BYOOVIZ.....	15

C

CABENUVA.....	7
<i>cabergoline</i>	12
CABOMETYX.....	17
<i>caffeine citrate</i>	12
<i>calcipotriene</i>	20
<i>calcitonin (salmon)</i>	17
<i>calcitriol</i>	20

<i>calcium acetate (phosphate binder)</i>	14	<i>chlorthalidone</i>	14
<i>calcium chloride (dihydrate)</i>	14	<i>cholestyramine</i>	10
<i>calcium gluconate</i>	14	<i>cholestyramine light</i>	10
CALQUENCE	8	<i>choline & mag salicylate</i>	11
CAMPATH	8	CHORIONIC GONADOTROPIN	17
CAMPHOR	17, 18	<i>ciclopirox</i>	19
CAMPHOR BLOCKS	17	<i>ciclopirox olamine</i>	19
CAMPHOR SPIRIT	18	<i>cilostazol</i>	10
<i>capecitabine</i>	8	CIMDUO	7
CAPRELSA	8	<i>cinacalcet hcl</i>	18
<i>captopril</i>	11	<i>ciprofloxacin</i>	6, 14, 15
<i>carbamazepine</i>	12	<i>ciprofloxacin hcl</i>	6, 14
<i>carbidopa</i>	12	<i>ciprofloxacin hcl (ophth)</i>	14
<i>carbidopa-levodopa</i>	12	<i>ciprofloxacin in d5w</i>	6
CARBOCAINE	18	<i>ciprofloxacin-dexamethasone</i>	15
<i>carboplatin</i>	8	<i>cisatracurium besylate</i>	12
CARDENE IV	11	<i>cisplatin</i>	8
<i>carvedilol</i>	10	<i>citalopram hydrobromide</i>	12
<i>caspofungin acetate</i>	7	<i>cladribine</i>	8
CATHFLO ACTIVASE	17	<i>clarithromycin</i>	6
CAVERJECT	20	CLEVER CHOICE WHISPER AIRE NEB	17
<i>cefaclor</i>	6	CLEVIPREX	11
<i>cefazolin sodium</i>	6	<i>clindamycin hcl</i>	6
CEFAZOLIN SODIUM-DEXTROSE	6	<i>clindamycin palmitate hydrochloride</i>	6
<i>cefdinir</i>	6	<i>clindamycin phosphate</i>	6, 19, 20
<i>cefepime hcl</i>	6	<i>clindamycin phosphate (topical)</i>	19
CEFEPIME-DEXTROSE	6	<i>clindamycin phosphate in d5w</i>	6
<i>cefixime</i>	6	<i>clindamycin phosphate vaginal</i>	20
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Multi-language Interpreter Services

English

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call **1-888-777-5536** (TTY: **711**).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-777-5536** (TTY: **711**).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-777-5536** (TTY: **711**)。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-777-5536** (TTY: **711**).

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Japanese 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 **1-888-777-5536** (TTY:**711**) まで、お電話にてご連絡ください。

Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-888-777-5536** (TTY: **711**)

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Farsi

هجوت: اگر به زبان فارسی وگتفگی مکنید، تسهیلات زبانی بصورت رایگان برای امشد فراهم می باشد. با (711: TTY) 1-888-777-5536 تماس بگیری

Arabic

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1-888-777-5536 (رقم هاتف الصم والبكم: -711).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-777-5536 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-777-5536 (ATS : 711).

Yoruba

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E pe ero ibanisoro yi 1-888-777-5536 (TTY: 711).

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-777-5536 (TTY: 711).

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-777-5536 (TTY: 711).

Bengali

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Urdu

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French Creole

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Gujarati

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